

State of West Virginia Purchasing Card Log Sheet

Cardholder Name: _____

Transaction Limit _____

Account Number: _____

Billing Cycle (Month/Year) _____

Agency: _____

Dept/Org.# _____

Transaction Date	Vendor	Item Description	Quantity	Total Amt	R* D* C*	Object Code	S Document Number	Date Received

I hereby certify that the items listed hereon have been received and properly accounted for and approved for payment.

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*R=Reconciled
*D=Disputed
*C=Carryover

Purchasing Cardholder Signature Date

Agency Coordinator Signature Date